Drug Abuse Trends in Minneapolis/St. Paul, Minnesota: June 2012

Carol L. Falkowski
Drug Abuse Strategy Officer
Minnesota Department of Human Services
June 2012

ABSTRACT

Escalating trends regarding the abuse of heroin and prescription opiates dominate the drug abuse situation in the Minneapolis/St. Paul ("Twin Cities") metropolitan area. Combining figures from Hennepin County and Ramsey County, opiate-related deaths rose from 92 in 2010 to 120 in 2011 (a 30.4 percent increase). One in five admissions to addiction treatment programs in the Twin Cities in 2011 were for heroin or other opiates, second only to treatment admissions for alcohol. Opiates were detected in 7.7 percent of adult males arrested in Hennepin County in 2011. Statewide, heroin arrests rose 81.5 percent from 2010 to 2011, after increasing 53.7 percent from 2009 to 2010. Three American Indian Tribal Councils declared public health emergencies in 2011 due to the abuse of prescription opiates and illegal drugs on their reservations. Cocaine-related treatment admissions continued to decline and methamphetamine-related treatment admissions remained stable. Adverse reactions related to the abuse of synthetic THC and bath salts resulted in growing numbers of reports to the Hennepin Regional Poison Center. Reported synthetic THC exposures grew from 28 in 2010 to 149 in 2011. Reported :"bath salt" exposures grew from 5 in 2010 to 144 in 2011. Since July 2011 these substances have been illegal to possess or sell in Minnesota, although they remain available from online retailers.

INTRODUCTION/OVERVIEW

This report analyzes current and emerging substance abuse trends in the metropolitan area of Minneapolis/St. Paul, Minnesota (the Twin Cities). It utilizes the most recent data obtained from multiple sources. It is produced twice annually for participation in the Community Epidemiology Work Group of the National Institute on Drug Abuse, an epidemiological surveillance network of selected researchers from 20 U.S. metropolitan areas.

Area Description

The Minneapolis/St. Paul metropolitan area includes Minnesota's largest city, Minneapolis (Hennepin County), the capital city of St. Paul (Ramsey County), and the surrounding counties of Anoka, Dakota, and Washington, unless otherwise noted. According to the 2010 Census, the population of each county is as follows: Anoka, 330,844; Dakota, 398,552; Hennepin, 1,152,425; Ramsey, 508,640; and Washington, 238,136 for a total of 2,588,907, or roughly one-half of Minnesota's 5.3 million State population.

Regarding race/ethnicity in the five-county metropolitan area, 80.1 percent of the metropolitan area population is White. African-Americans constitute the largest minority group (9.1 percent), with Asians accounting for 6.1 percent, American Indians 0.7 percent, and Hispanics of all races 6.0 percent.

In response to civil unrest and government collapse in Somalia, many Somalis sought refuge in Minnesota. The Twin Cities now has a large population of immigrants from Somalia, with estimates ranging from 30,000 to 60,000 people. Since 1975, many Hmong refugees have also made their way to the Twin Cities. The Hmong community in Minnesota is now estimated at 60,000 to 70,000, resulting in one of the largest Hmong communities in the U.S.

Outside of the Twin Cities metropolitan area, the State is less densely populated, and more agricultural in character. Minnesota shares a northern, international border with Canada, a southern border with Iowa, an eastern border with Wisconsin, and a western border with North Dakota and South Dakota, two of the country's least populated States. The 2011 North Dakota population is 683,932 and South Dakota is 824,083.

Illicit drugs are sold and distributed within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs are typically shipped or transported into the Twin Cities area for further distribution throughout the State. Interstate Highway 35 runs north–south throughout Minnesota, and south to the United States-Mexican border.

Data Sources

Information and data used in this report are from the following sources:

1. **Addiction treatment data** are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services (through December 2011).

2. **Mortality data** on drug-related deaths are provided by the Ramsey County Medical Examiner and the Hennepin County Medical Examiner (through December 2011). Hennepin County cases include accidental deaths in which drug toxicity or mixed drug toxicity was the cause of death, and those in which the recent use of a drug was listed as a significant condition contributing to the death. Ramsey County cases include accidental deaths in which drug toxicity was the cause of death.

3. **Data on human exposures to various substances** as reported to the Hennepin Regional Poison Center (through April 2012).

4. D**ata on thefts or loss of controlled substances from hospital-affiliated pharmacies** as reported to the U.S. Drug Enforcement Administration (DEA) on Form DEA-106 and obtained by Minnesota Department of Health (2006 through November 2011)

5. **Crime laboratory data** are from the National Forensic Laboratory Information System (NFLIS), administered by the U.S. Drug Enforcement Administration (DEA), which collects solid dosage drug analyses conducted by State and local forensic laboratories on drugs seized by law enforcement (through December 2011). Data presented are from the seven-county metropolitan area including the counties of Anoka, Dakota, Hennepin, Ramsey, Washington, Scott, and Carver. NFLIS methodology allows the accounting of up to three drugs per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug for 2009 – 2011.

6. **Drug seizure and arrest data** are from the multijurisdictional narcotics task forces that operate throughout the State, compiled by the Office of Justice Programs, Minnesota Department of Public Safety, 2012. As of January 2012, there are 23 multijurisdictional law enforcement drug and violent crime task forces operating throughout Minnesota, staffed by over 200 investigators from over 120 agencies.

7. **Drug use among arrestees data** are from the Arrestee Drug Abuse Monitoring II (ADAM II) Program, administered by the White House Office of National Drug Control Policy, based on the urinalysis of a sample of 899 males arrested in Hennepin County in 2011.

8. **Human immunodeficiency virus (HIV) infection data** and **Hepatitis C data** are from the Minnesota Department of Health (through December 2011).

9. **Additional information** is from interviews with addiction treatment providers, narcotics agents, and school-based drug specialists (ongoing).

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

The number of patients receiving treatment for cocaine addiction has declined 65.8 percent from 2005 to 2011. See exhibit 1. Cocaine was the primary substance problem for 5.2 percent of total treatment admissions in 2011, compared with 14.4 percent of admissions in 2005 (exhibits 2 and 3).

Most cocaine-related treatment admissions in 2011 (75.2 percent) were for crack cocaine (exhibit 4). Of all cocaine-related admissions in 2011, 50.1 percent were African-American and 35.9 percent were White. Females accounted for 37 percent, and almost three quarters (73.2 percent) were age 35 and older.

Cocaine-related deaths appear to be declining as well. In Hennepin County, there were 28 cocaine-related deaths in 2011 (exhibits 5 and 6), compared with 59 in 2007. Of these 28 decedents in 2011, 17 had cocaine toxicity as the cause of death, 8 were African American, 9 were White, and 2 were female, and the average age was 48.8 years. An additional 11 deaths involved recent cocaine use as a significant contributing condition. In Ramsey County there were 6 cocaine-related deaths in 2011; all males of whom 3 were African American and 2 were White. The average age was 37.5 years.

Cocaine was present in 20.9 percent of the drug items analyzed and reported to NFLIS in 2011 (exhibit 7). Gangs remain involved in the street-level, retail distribution of crack cocaine. A rock of crack ranged in price from $15 to $20, a gram of cocaine powder from $80 to $120, and an ounce from$1,100 to $1,400.

In both 2011 and 2010, 20.6 percent of the adult males arrested in Hennepin County tested positive for cocaine, compared with 27.5 percent in 2007. See exhibit 8.

Heroin/Opiates

All quantitative indicators related to heroin and other opiates increased and remain at heightened levels in the Twin Cities. This is the continuation of an upward trend that began in 2000.

Patients admitted to treatment for addiction to heroin and other opiates accounted for 20.2 percent of all treatment admissions in the Twin Cities in 2011, second only to alcohol admissions. There 4,210 treatment admissions for heroin and other opiates combined in 2011, compared with 2,032 in 2006, more than a doubling. See exhibit 9.

Heroin accounted for 10.7 percent of total treatment admissions in 2011, compared with 7.8 percent in 2010, and 3.3 percent in 2000. Of these admissions in 2011, 41.6 percent were age 18 through 25. Very few (0.8 percent) were younger than 18. Whites accounted for 67.5 percent, African Americans 20.9 percent, and American Indians 5.4 percent. Injection was the most common route of administration (64.7 percent). Thirty-two percent were female.

“Other opiates” are mainly prescription narcotic analgesics, also known as painkillers, although this category encompasses all opiates other than heroin, including opium. Other opiates were the primary substance problem reported by a record high 1,987 patients admitted to treatment in 2011, representing 9.5 percent of the total. This compares with 8.4 percent in 2010 and 1.4 percent in 2000. Of these admissions, almost half were female (46.4 percent). Over one quarter (27.3 percent) were age 18 through 25, and 2.5 percent

were younger than 18. Whites accounted for 81.9 percent, followed by American Indians (7.8 percent), and African Americans (4.2 percent). Oral was the most common route of administration (65.8 percent), followed by snorting (15.3 percent), and injection (12.1 percent).

Opiate-related deaths increased in both Hennepin and Ramsey County (exhibit 9). In these two counties combined opiate-related deaths rose from 92 in 2010, to 120 in 2011, a 30.4 percent increase. Anoka County reported 5 overdose deaths in 2010 and 13 in 2011.

Of the 84 opiate-related decedents in Hennepin County in 2011, 71.4 percent were male, 66.7 percent were White, 20.2 percent African American, 9.5 percent American Indian, and 3 percent Hispanic. The ages of decedents ranged from 19 to 71, with an average of 43.4 years.

Of the 36 opiate-related decedents in Ramsey County in 2011, 66.7 percent were male, 75 percent were White, and 19.4 percent were African American. The age ranged from 20 to 69, with an average of 40.7 years.

All levels of law enforcement throughout the State report an increase in activity surrounding both heroin and prescription opiate drugs. Minnesota multijurisdictional law enforcement drug task forces seized 78 percent more heroin and 261 percent more oxycodone in 2011 than 2010. From 2010 to 2011, heroin arrests by these task forces rose from 108 to 196, an 81.5 percent increase. See exhibit 11. From 2009 to 2010 heroin arrests rose 53.7 percent. Heroin accounted for 6.1 percent of the drug samples analyzed by NFLIS in 2011, compared with 3.8 percent in 2009. Oxycodone accounted for 2.7 percent.

In 2011, 7.7 percent of adult male arrestees in Hennepin County tested positive for opiates. This compares with 4.7 percent in 2007. The number of heroin exposures reported to the Hennepin Regional Poison Center grew from 52 in 2010 to 78 in 2011, a 50 percent increase (exhibit 12.)

Mexico is the primary source of heroin in the Twin Cities and Minnesota. This includes both black tar heroin and the brownish-colored heroin powder. Mexican heroin typically cost $20 per dosage unit, and from $100 to $200 per gram. An “eight-ball” (1/8 of an ounce) cost roughly $400. According to 2009 data from the U.S. Drug Enforcement Administration (DEA), Heroin Domestic Monitoring Program the purity of Mexican heroin in Minneapolis is among the highest found in the country (53 percent), and at the lowest cost per pure milligram ($0.25).

In attempt to assess the magnitude of the diversion of controlled substances by health care professionals, the Minnesota Department of Health obtained data from the DEA on incidents of employee pilferage or loss reported by hospital-affiliated pharmacies, excluding stand alone and retail pharmacies. From 2005 to 2011(through November) there were 250 thefts or loss of controlled substances reported to DEA (exhibit 13). Roughly half (54 percent) were from the 7-county Twin Cities metropolitan area. The number of reports increased from 16 in 2006, to 52 in 2010, a 325 percent increase. The controlled substances most frequently involved were hydrocodone (18 percent), oxycodone (17 percent), hydromorphone (14 percent), morphine sulfate (13 percent), and fentanyl (8 percent).

Three American Indian Tribal Councils in Minnesota declared public health emergencies in 2011 in response to prescription opiate and illegal drug abuse on their reservations; Red Lake, White Earth, and Leech Lake.

Opium smoking continues among the Twin Cities’ Hmong immigrant population. The opium is typically shipped from Asia to the Twin Cities concealed in various packages, some of which are intercepted by United States Customs.

Methamphetamine/Other Stimulants

The year 2005 marked the height of issues related to methamphetamine (meth) issues in Minnesota. Since then there have been declines regarding both its manufacture and abuse.

As a percentage of total treatment admissions, meth-related admissions were stable from 2010 to 2011, accounting for 6.4 percent of total admissions each year. The actual number of meth admissions increased slightly from 1,259 to 1,326, a 5.3 percent increase (exhibit 14).

Of the meth-related treatment admissions in 2011, 37 percent were female, 82.2 percent were White, a6.2 percent were Asian, and 4.2 percent Hispanic. Smoking was the most common route of administration (72.0 percent). Only 1.1 percent of the methamphetamine patients were younger than 18, and 24.1 percent were between the ages of 18 and 25.

Combining Ramsey and Hennepin County, there were 10 meth-related deaths in 2011, compared with 13 in both 2009 and 2010. Of the decedents in 2011, half were White, one was female, and the average age was 41.3 years. Ages ranged from 23 to 61 and half were in their thirties.

Meth accounted for 19 percent of drug samples analyzed and reported to NFLIS in 2011, compared with 20 in 2010. Meth cost $20 per dosage unit and ranged in price from $80 to $150 per gram, and $19,000 to $20,000 per pound. In 2011, 2.8 percent of adult males arrested in Hennepin County tested positive for methamphetamine, compared with 2.4 percent in 2010.

Khat**,** is a plant that is indigenous to East Africa and the Arabian Peninsula. Users chew the leaves, smoke it, or brew it in tea for its stimulant effects. It is used by the Somali immigrant community in the Twin Cities. The active ingredients, cathinone and cathine, are controlled substances in the United States. Cathinone, a Schedule I drug, is present only in the fresh leaves of the flowering plant and converts to the considerably less potent cathine in approximately 48 hours.

Methylphenidate (Ritalin®), a widely prescribed prescription drug used in the treatment of attention deficit hyperactive disorder, is also abused nonmedically to increase alertness and suppress appetite by some adolescents and young adults. Crushed and snorted or ingested orally, each pill sold for $5, or was simply shared with others at no cost. It is sometimes known as a “hyper pill” or “the study drug.” The Hennepin Regional Poison Center reported 302 exposures to methylphenidate in 2010, and 82 in 2011 (first quarter).

MDMA (3,4-methylenedioxymethamphetamine), also known as ecstasy, “X,” or “e,” sold for $20 per pill. MDMA was present in 0.9 percent of drug items in 2011 according to NFLIS. This compares with 4.6 percent in 2009. There were 24 human ingestion cases involving MDMA reported to Hennepin Regional Poison Center in 2011, and 8 through April 2012.

Marijuana

In 2011, there were 3,464 admissions to addiction treatment programs for marijuana (16.6 percent of total treatment admissions). See exhibit 15. Of these, 32.4 percent were younger than 18 years, 36.9 percent were age 18–25; and only 12.8 percent were 35 and older. Less than one quarter (21.6 percent) were female, the lowest percentage of females in any drug category. Half (56.6 percent) were White, 27.1 percent were African-American, 6.3 percent were Hispanic, and 3.1 percent were American Indian.

Marijuana/cannabis was present in 19.4 percent of drug items reported to NFLIS in 2011. Marijuana sold for $5 per joint. Marijuana joints dipped in formaldehyde, which is often mixed with PCP (phencyclidine), are known as “wet sticks,” “water,” or “wet daddies.” Joints containing crack are known as “primos.” Pounds of “BC Bud” ranged from $2,400 to $2,800, compared with pounds of Mexican marijuana that ranged from $550 to $1,000 per pound

Half (50.8 percent) of adult male arrestees in Hennepin County tested positive for marijuana in 2011, compared with 42.7 percent in 2007.

Synthetic THC products such as “K2,” and “Spice,” are herbal mixtures sprayed with synthetically produced THC, the active ingredient in marijuana. They are sold as incense with a warning not to use for human consumption, yet when smoked, produce effects similar to those of plant marijuana. They are sold online and in “head-shops.” under numerous other names such as “Smoke XXXX,” “Stairway to Heaven,” or “California Dreams,” in small zip lock plastic bags with handmade packaging. The Hennepin Regional Poison Center reported 28 THC homolog exposures in 2010, 149 in 2011, and 54 in 2012 through April.

Hallucinogens and Synthetics

Salvia divinorum (a plant) and salvinorin A produce short-acting hallucinogenic effects when chewed, smoked, or brewed in tea. These are most often used by adolescents and young adults. Effective August 1, 2010, the sale or possession of these in Minnesota became a gross misdemeanor. **The Hennepin Regional Poison Center reported 6 Salvia exposures in 2009, 3 in 2010 and none in 2011 (first quarter).**

LSD (lysergic acid diethylamide) or "acid", a strong, synthetically-produced hallucinogen, typically sold as saturated, tiny pieces of paper known as "blotter acid," for $5 to $10 per dosage unit. The Hennepin Regional Poison Center reported 15 LSD exposures in 2011.

Chemical mixtures that are sold online and in "head shops," as "bath salts," or "plant food," are consumed to produce effects similar to those of illegal drugs, such as cocaine or MDMA.

2011 saw marked increases in the abuse of bath salts in the State. Sold under names such as "Vanilla Sky," "Bliss," and "Ivory Wave, some contain mephedrone. Mephedrone by itself is also known as "Meow Meow," "M-CAT," "Bubbles," or "Mad Cow." Bath salts, or synthetic cathinones, may contain: mephedrone,or other chemicals such as MDPV (3,4-methyldioxypyrovalerone), methylone (3,4 methylendioxymethcathinone or MDMC), naphyrone (napthylpyrovalerone or NRG-1), 4-Fluoromethcathinone or 3-FMC0, methedrone (4-methoxymethcathinone or bk-PMMA or PMMC), or butylone (beta-keto-N-methylbenzodioxolylpropylamine or bk-MBDB).

Hennepin Regional Poison Center reported 5 bath salt exposures in 2010 and 144 in 2011. They were also 27 cases in 2012 through April.

Chemical mixtures that are sold online as "research drugs" that are "not intended for human consumption," were intentionally consumed by a group of young people in suburban Blaine, Minnesota in March, 2011. The chemical compound known as **2C-E** (2,5-dimethoxy-4-ethylphenylethylamine) was snorted by eleven young people who were seeking effects similar to the stimulant drug, MDMA or "ecstasy". All experienced profound hallucinations, became distressed, and were eventually hospitalized. One 19-year old male was pronounced dead at the hospital.

Exposures to 2C-E and related analogues reported to the Hennepin Regional Poison Center numbered 5 in 2009, 10 in 2010, 23 in 2011, and 5 in 2012 through April.

The possession and sale of bath salts, 2C-E analogues and synthetic THC, is illegal under Minnesota law since July 1, 2011.

Alcohol

Alcohol remained the most widely-abused substance in Minnesota and the Twin Cities. Roughly one-half of the total admissions to addiction treatment programs (49.2 percent) reported alcohol as the primary substance problem in 2011. Of these patients, 67.4 percent were male. Over one-half (58.3 percent) were 35 and older, 1.6 percent were younger than 18, 74.4 percent were White, 14.2 percent were African American, and 3.9 percent were of Hispanic origin.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

As of December 31, 2011, 7,136 persons residing in Minnesota are known to be living with HIV/AIDS, an increase of 4.7 percent from 2010. Of these, roughly 85 percent reside in the 7-county, Twin Cities metropolitan area.

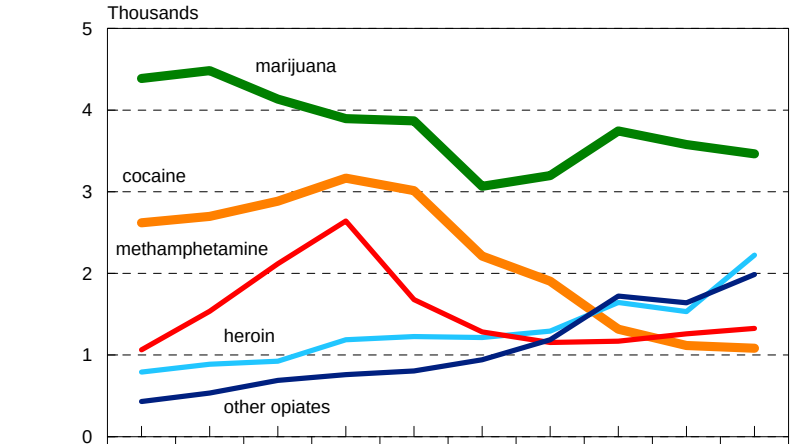
For cases of new HIV infection in 2011, male-to-male sex (MSM) accounted for 72 percent of cases among males, injection drug use (IDU) accounted for no new cases, and MSM/IDU 3 percent (exhibit 16). Among females, heterosexual contact accounted for 85 percent of new HIV infection cases, and IDU 1 percent.

Hepatitis C, the contagious liver disease that results from infection with the Hepatitis C virus (HCV), can range from a mild illness lasting a few weeks to a serious, lifelong illness. Most people contract the Hepatitis C virus by sharing needles or other equipment used to inject drugs. It is transmitted when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. As of December 31, 2011, there were 37,303 people living in Minnesota with past or present Hepatitis C virus infection. The median age is 55 years. The population-based rate in Minnesota is highest for American Indians with 2,673 per 100,000 population. This is followed by 2,039 per 100,000 population for African Americans, 403 for Hispanic origin persons, 340 for Asian/Pacific Islanders, and 234 per 100,000 population for Whites. Two thirds (66 percent) of those with a reported address, resided in the Minneapolis/St. Paul metropolitan area.

For inquiries concerning this report, please contact Carol Falkowski, Drug Abuse Strategy Officer, Minnesota Department of Human Services, PO Box 64979, St. Paul, MN 55164-0979,
Telephone: 651-431-2457, E-mail: carol.falkowski@state.mn.us.

Exhibit 1

Number of non-alcohol admissions to Minneapolis/St. Paul area addiction treatment programsby primary substance problem: 2002 - 2011

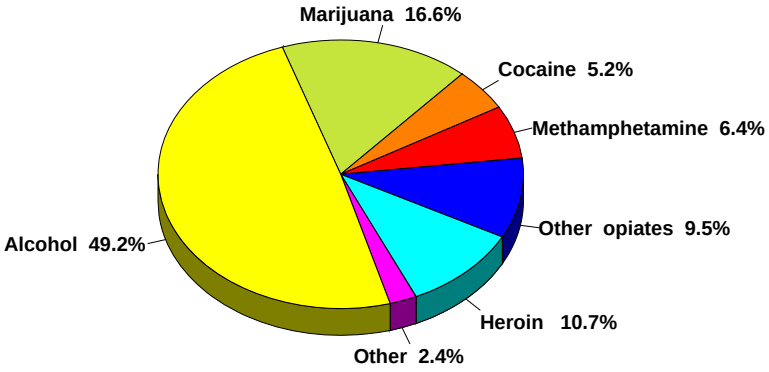


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Other Opiates	0.431	0.534	0.689	0.761	0.806	0.942	1.187	1.722	1.639	1.987
Methamphetamine	1.063	1.537	2.119	2.641	1.679	1.283	1.154	1.169	1.259	1.326
Marijuana	4.387	4.483	4.134	3.895	3.868	3.067	3.199	3.744	3.578	3.464
Heroin	0.792	0.888	0.924	1.187	1.226	1.215	1.292	1.644	1.532	2.223
Cocaine	2.619	2.697	2.884	3.166	3.014	2.213	1.905	1.317	1.116	1.083

SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2012.

Exhibit 2

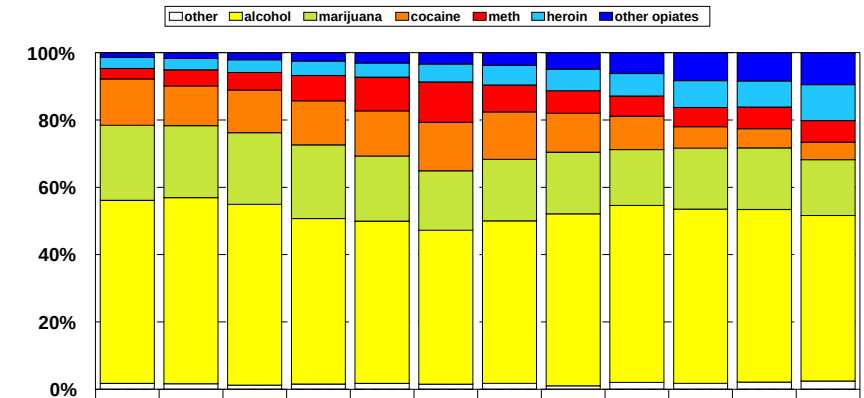
Percent of admissions to Minneapolis/St. Paul area addiction treatment programs by primary substance problem: 2011



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2012.

Exhibit 3

Percent of admissions to Minneapolis/St. Paul area addiction treatment programs by primary substance problem: 2000 - 2011



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
other opiates	1.4	1.7	2.1	2.5	3.1	3.4	3.8	4.9	6.2	8.3	8.4	9.5
heroin	3.3	3.4	3.8	4.3	4.2	5.3	5.8	6.4	6.7	8	7.8	10.7
meth	3.1	4.8	5.2	7.5	10	12	8	6.7	6	5.7	6.4	6.4
cocaine	13.8	11.8	12.7	13.1	13.4	14.4	14.1	11.6	9.9	6.4	5.7	5.2
marijuana	22.3	21.4	21.3	21.9	19.4	17.7	18.3	18.3	16.6	18.1	18.3	16.6
alcohol	54.4	55.3	53.7	49.2	48.2	45.7	48.3	51.1	52.6	51.8	51.3	49.2
other	1.7	1.6	1.2	1.5	1.7	1.5	1.7	1	2	1.7	2.1	2.4

SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2012.

Exhibit 4

Characteristics of patients who received addiction treatment services in Twin Cities area by primary substance problem: 2011

TOTAL ADMISSIONS 20,811	ALCOHOL 10,240 49.2%	MARIJUANA 3,464 16.6%	COCAINE 1,083 5.2%	METH 1,326 6.4%	HEROIN 2,223 10.7%	OTHER OPIATES 1,987 9.5%
GENDER						
% male	67.4	78.4	63	63	68	53.4
% female	32.9	21.6	37	37	32	46.6
RACE/ETHNICITY						
% White	74.4	56.6	35.9	82.2	67.5	81.9
% African Am	14.2	27.1	50.1	2	20.9	4.2
% Am Indian	3.4	3.1	4.1	3.2	5.4	7.8
% Hispanic	3.9	6.3	5.8	4.2	3.7	2.6
% Asian-Pacific Is	1.5	1.5	1.3	6.2	1	1.7
% Other	2.7	5.5	2.8	2.1	1.6	1.8
AGE						
% 17 and under	1.6	32.4	0.6	1.1	0.8	2.5
% 18 - 25	16.9	36.9	7.7	24.1	41.6	27.3
% 26 - 34	23.2	17.9	18.5	39.4	24.5	34.7
% 35 +	58.3	12.8	73.2	35.4	33.1	35.5
ROUTE of ADMINISTRATION						
% oral/multiple	100	1.8	0	3.7	0.9	65.8
% smoking	0	97.9	75.2	72	8.7	5.4
% snorting/inhalation	0	0	20.6	6.3	24.4	15.3
% injection	0	0	1.4	16.4	64.7	12.1
% unknown	0	0.3	2.9	1.5	1.2	1.4

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2012. Excludes 360 cases (1.7 percent) with "other" primary substance problems, and 128 (0.6 percent) unknown.

Exhibit 5

Drug-related deaths by county: 2002 - 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hennepin County										
METH	11	15	19	10	8	6	9	6	9	7
COCAINE	34	44	39	50	48	59	21	10	25	28
OPIATES	59	50	47	60	69	67	84	77	65	84
Ramsey County										
METH	3	10	9	7	6	7	5	7	4	3
COCAINE	11	10	10	12	13	11	10	11	7	6
OPIATES	18	10	25	42	27	39	31	36	27	36

SOURCE: Hennepin County Medical Examiner and Ramsey County Medical Examiner, 2012.

Exhibit 6

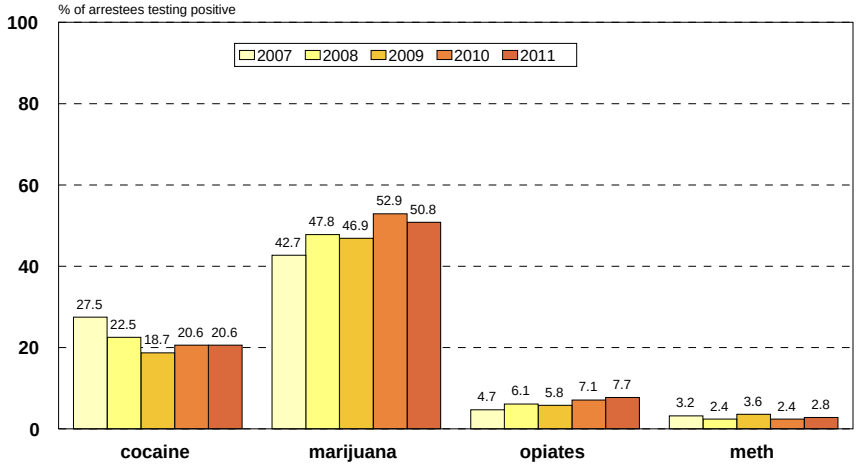
Percent of total drug reports[1] seized by Twin Cities area[2] law enforcement involving selected substances: 2009 – 2011 [3]

	2009 Percent of Total	2010 Percent of Total	2011[3] Percent of Total
Cannabis	22.7	20.4	19.4
Cocaine	18.4	18.8	20.9
Methamphetamine	20.8	20.0	19.0
Heroin	3.8	4.2	6.1
MDMA[4]	4.6	3.9	0.9
Oxycodone	2.1	2.1	2.7
Number of Reports	5,671	7,029	6,387 [3]

SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA). Data retrieved on May 8, 2012.
[1]NFLIS methodology allows the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item for the selected drugs.
[2]All Federal, State and local laboratory data presented are from the seven-county Minneapolis/St. Paul metropolitan area, including the counties of Anoka, Dakota, Hennepin, Ramsey, Washington, Scott, and Carver.
[3]NFLIS data are subject to change. The longer the time after the calendar year for which data are extracted, the less likely there will be large changes in the number of drug reports. Therefore, data for 2011 are more likely to be subject to change than earlier years. The St. Paul Police Department laboratory did not submit November and December 2011 data.
[4]MDMA=3,4-methylenedioxymethamphetamine, also known as ecstasy.

Exhibit 7

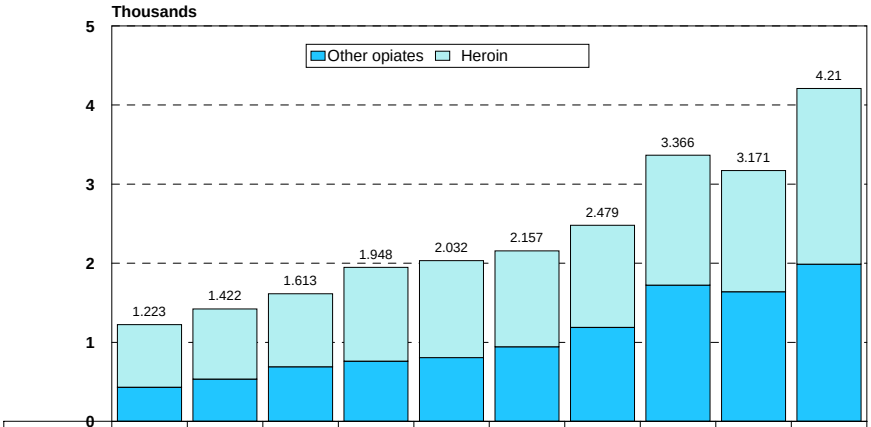
Percent of male arrestees who tested positive for drugs in Hennepin County: 2007 - 2011



SOURCE: Arrestee Drug Abuse Monitoring (ADAM) II 2011 Annual Report, White House Office of National Drug Control Policy (ONDCP), 2012, tables 3.4 through 3.7, pages 60 and 61. Because these percentages are annualized, they do not correspond with 2010 and 2011 figures previously reported. The number of sampled eligible arrestees in Hennepin County in 2007 = 881, in 2008 = 854, in 2009 = 996, in 2010 = 899, and in 2011 = 928.

Exhibit 8

Admissions to Minneapolis/St. Paul area addiction treatment programs with heroin and other opiates as the primary substance problem: 2002 - 2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Heroin	0.792	0.888	0.924	1.187	1.226	1.215	1.292	1.644	1.532	2.223
Other opiates	0.431	0.534	0.689	0.761	0.806	0.942	1.187	1.722	1.639	1.987

SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2012.

Exhibit 9

Minnesota Drug Task Forces opiate summary: 2010 - 2011

	2010	2011	percent change 2010 to 2011
Heroin seized (grams)	**228**	**406**	**78**
Heroin arrests	**108**	**196**	**81.5**
Oxycodone seized (dosage units)	**944**	**3,409**	**261**
Pill arrests	**483**	**531**	**10**
% of total arrests that involve pills	**14.3**	**14.9**	**--**

SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, 2012. There are 23 multijurisdictional law enforcement drug and violent crime task forces operating throughout Minnesota, staffed by over 200 investigators from over 120 agencies.

Exhibit 10

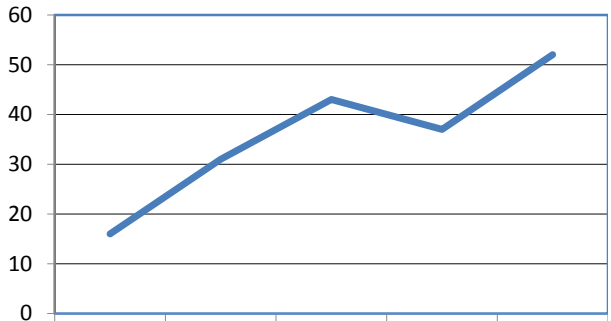
Exposures to selected drugs reported to Hennepin Regional Poison Center: 2009 - 2011

	2009	2010	2011
THC Homologs	-	28	149
Bath Salts	-	5	144
2CE and Analogues	5	10	23
Heroin	41	52	78
LSD	9	7	15
MDMA	42	26	24

SOURCE: Hennepin Regional Poison Center, Hennepin County Medical Center, 2012.

Exhibit 11

Theft or loss of controlled substances in Minnesota reported to the DEA: 2006 - 2010

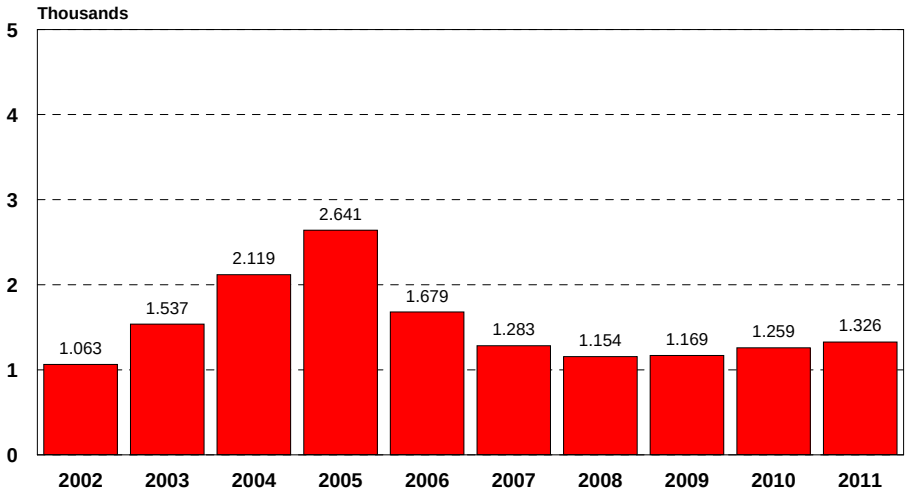


	2006	2007	2008	2009	2010
# reports	16	31	43	37	52

SOURCE: Minnesota Department of Health from the U.S. Drug Enforcement Administration. Compiled from "Form DEA-106, Theft or Loss of Controlled Substances." This form is filed to report a theft or loss of controlled substances due to "employee pilferage" or "other" that occurred at a Minnesota hospital pharmacy, clinic pharmacy, retail pharmacy physically co-located in a clinic or hospital, or practitioners who were licensed to store controlled substances for use by patients (e.g., outpatient surgery center).

Exhibit 12

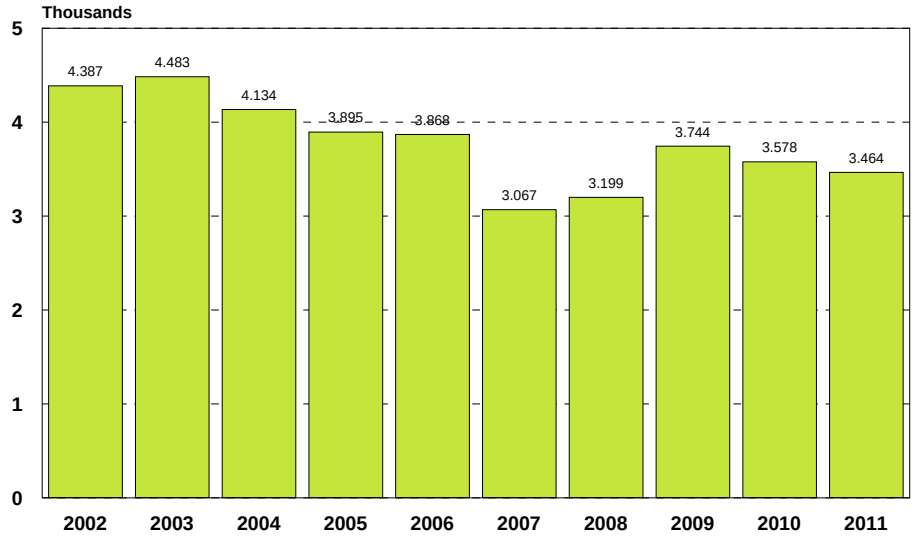
Admissions to Minneapolis/St. Paul area addiction treatment programs with methamphetamine as the primary substance problem: 2002 - 2011



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2012.

Exhibit 13

Admissions to Minneapolis/St. Paul area addiction treatment programs with marijuana as the primary substance problem: 2002 - 2011



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2012.

Exhibit 14

Number of new cases of HIV infection in Minnesota by gender and mode of exposure: 2011

Mode of exposure	Males # cases	Males percent	Females # cases	Females percent	TOTAL # cases	TOTAL percent
MSM	156	72	--	--	156	53
IDU	1	0	1	1	2	1
MSM/IDU	7	3	--	--	7	2
Heterosexual	12	6	63	85	75	26
Perinatal	1	0	0	0	1	0
Unspecified/ Other	19	9	7	9	26	9
No interview	22	10	3	4	25	9
total	218	100	74	100	292	100

SOURCE: Minnesota Department of Health, AIDS/HIV Surveillance Unit, May 2012. Includes all new cases of HIV infection at first diagnosis among Minnesota residents.